Case # -
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Page \_\_\_\_\_ of \_\_\_\_

## SUN VALLEY POLICE DEPARTMENT

## **VOLUNTARY STATEMENT**

81 Elkhorn Rd. or PO Box 416 Sun Valley, ID 83353 Office 208-622-5345 FAX 208-622-7605

Today's Date	Phone#
Date and Time of Incident	
Driver's license # & State	
Name; First, Middle & Last	
Date of Birth Emai	1
Physical Address:	
Mailing Address:	
Address or Location of incident:	
STATEMENT:	
corrections, if any, my initials, and I certify th	ting ofPage(s), each page of which bears my signature, and the facts contained herein are true and correct(Location)
WITNESS:	
WITNESS:(Witness to Signature)	
WITNESS:(Witness to Signature)	Signature of person giving Voluntary Statement
(Witness to Signature)	Signature of person giving voluntary Statement